

Applicant or Patentee: Jeffery S. Brooks Attorney's 9176  
Serial or Patent No.: \_\_\_\_\_ Docket No.: \_\_\_\_\_  
Filed or Issued: \_\_\_\_\_  
For: Concealed Holster

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY  
STATUS (37 CFR 1.9 (f) and 1.27 (b)) — INDEPENDENT INVENTOR

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9 (c) for purposes of paying reduced fees under section 41 (a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled Concealed Holster described in

☒ the specification filed herewith  
☐ application serial no. \_\_\_\_\_, filed \_\_\_\_\_  
☐ patent no. \_\_\_\_\_, issued \_\_\_\_\_

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9 (c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9 (d) or a nonprofit organization under 37 CFR 1.9 (e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

☒ no such person, concern, or organization  
☐ persons, concerns or organizations listed below\*

\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

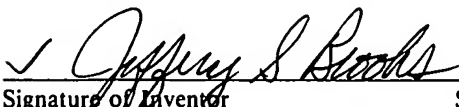
FULL NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

FULL NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

FULL NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28 (b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Jeffery S. Brooks  
NAME OF INVENTOR NAME OF INVENTOR NAME OF INVENTOR  
  
Signature of Inventor Signature of Inventor Signature of Inventor  
4/9/04  
Date Date Date

Attorney's Docket No: 9176

**COMBINED DECLARATION AND POWER OF ATTORNEY**

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,  
DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is of the following type: (check one applicable item below)

  X   original  
      design  
      supplemental

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.

      national stage of PCT

NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION or CIP.

      divisional  
      continuation  
      continuation-in-part (CIP)

**INVENTORSHIP IDENTIFICATION**

WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**

Concealed Holster

### **SPECIFICATION IDENTIFICATION**

the specification of which: (complete (a), (b) or (c)

(a)   X   is attached hereto.

(b)        was filed on                                  as        Serial No. 0 /                                  or        Express Mail No., as Serial No. not yet known                                  and was amended on                                  (if applicable).

Note: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. see 37 CFR 1.67.

(c)        was described and claimed in PCT International Application No.                                  filed on                                  and as amended under PCT Article 19 on                                  (if any).

### **ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is known to me to be material to patentability and the examination of this application in accordance with Title 37, Code of Federal Regulations. 1.56(a).

  X   In compliance with this duty there is attached an information disclosure statement 37 CFR 1.97.

### **PRIORITY CLAIM**

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d)   X   no such applications have been filed.  
(e)        such applications have been filed as follows.

Note: Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.

**EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

COUNTRY	APPLICATION NO.	DATE OF FILING (DAY, MONTH, YEAR)	PRIORITY CLAIMED UNDER 37 USC 119
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<u>  </u>	yes	<u>  </u>	no
<u>  </u>	yes	<u>  </u>	no
<u>  </u>	yes	<u>  </u>	no
<u>  </u>	yes	<u>  </u>	no
<u>  </u>	yes	<u>  </u>	no

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

(f) This application claims the benefit under 35 USC 119(e) of any U.S. Provisional application listed below:

U.S. Provisional Application Serial No. 60/466,277  
Filed 4-30-03.

**POWER OF ATTORNEY**

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

John M. Harrison  
Reg. No. 24,968  
2139 E. Bert Kouns  
Shreveport, LA. 71105

(check the following item, if applicable)

       Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

Send Correspondence To:

John M. Harrison  
2139 E. Bert Kouns  
Shreveport, LA. 71105

Direct Telephone Calls To:  
(Name and Telephone Number)

318/797-3062

**DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**SIGNATURE(S)**

Full name of sole or first inventor Jeffery S. Brooks  
Inventor's signature *Jeffery S. Brooks*  
Date 4/9/04 Country of Citizenship U.S.A.  
Residence 5391 Linton Cutoff Rd. Benton, Louisiana 71006  
Post Office Address 5391 Linton Cutoff Rd.  
Benton, Louisiana 71006

Full name of second joint inventor, if any \_\_\_\_\_  
Inventor's signature \_\_\_\_\_  
Date \_\_\_\_\_ Country of Citizenship \_\_\_\_\_  
Residence \_\_\_\_\_  
Post Office Address \_\_\_\_\_

**CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH  
FORM A PART OF THIS DECLARATION**

\_\_\_\_ Signature for third and subsequent joint inventors. Number  
of pages added \_\_\_\_\_.

\_\_\_\_ Signature by administrator(trix), executor(trix) or legal  
representative for deceased or incapacitated inventor. Number of  
pages added \_\_\_\_\_.

\_\_\_\_ Signature for inventor who refuses to sign or cannot be  
reached by person authorized under 37 CFR 1.47. Number of pages  
added \_\_\_\_\_.

\_\_\_\_ Added pages to combined declaration and power of attorney  
for divisional, continuation, or continuation-in-part (CIP)  
application. \_\_\_\_\_ Number of pages added \_\_\_\_\_

\_\_\_\_ Authorization of attorney(s) to accept and follow  
instructions from representative.

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item:  
  X   This declaration ends with this page